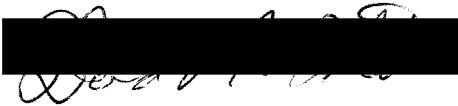


U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA	
						MISLE NOTIFICATION NUMBER	
SECTION I. GENERAL INFORMATION							
1. Name of Vessel or Facility M/V MARGARET F. COOPER		2. Official No. 280095		3. Nationality USA		4. Call Sign	
6. Type (Towing, Freight, Fish, Drill, etc.) HARBOR TUG		7. Length 98.4'		8. Gross Tons 243		9. Year Built	
11. Hull Material (Steel, Wood...) STEEL		12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		10. Propulsion (Steam, diesel, gas, turbine...) DIESEL	
16. Location (See Instruction No. 10A) MILE 229, LOWER MISSISSIPPI RIVER		14. Date (of occurrence) 10 FEB. 2007		15. TIME (Local) 0730 HR		17. Estimated Loss of Damage TO:	
18. Name, Address & Telephone No. of Operating Co. CRESCENT TOWING & SALVAGE CO., INC. 1240 PATTERSON ROAD NEW ORLEANS, LA		VESSEL 0		CARGO 0		OTHER UNKNOWN	
19. Name of Master or Person in Charge B. GAWAIN MICHAEL SCHOUDEST		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) 3520 HERO DR., GRETNA, LA		19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number	
21. Casualty Elements (Check as many as needed and explain in Block 44.)							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ <i>(Identify Substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____ <input type="checkbox"/> COLLISION _____ <i>(Identify other vessel or object in Block 44.)</i> <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE </div> <div style="width: 30%;"> <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input checked="" type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE </div> <div style="width: 30%;"> <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAIVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input checked="" type="checkbox"/> OTHER (Specify) <u>M/V KITION STRUCK 1-10</u> <u>BRIDGE, CENTER SPAN</u> </div> </div>							
22. Conditions							
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
						E. DISTANCE (miles of visibility) _____	
						F. AIR TEMPERATURE (F) _____	
						G. WIND SPEED & DIRECTION _____	
						H. CURRENT SPEED & DIRECTION _____	
23. Navigation Information				24. Last Port Where Bound		24a. Time and Date of Departure	
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____		N/A-WORKING AS DIRECTED	
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	
		Empty Loaded Total				Length Width	
						25d. (Describe in Block 44.)	
						<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
SECTION II. BARGE INFORMATION							
26. Name		26a. Official Number		26b. Type		26c. Length	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26d. Gross Tons	
26j. Damage Amount		26i. Operating Company					
BARGE _____							
CARGO _____							
OTHER _____		26k. Describe Damage to Barge					

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692B (04-06)	REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT <small>(See Instructions on reverse)</small>	APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008 USCG MISLE ACTIVITY NUMBER	
SECTION I—VESSEL INFORMATION			
1. Name of vessel M/V MARGARET F. COOPER	2. Official Number 280095	3. Call Sign	4. Nationality USA
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.) TOWING- HARBOR TUG	6. Length 98.4 FEET	7. Gross Tons 243	8. Year Built
9. Operating Company Name: CRESCENT TOWING AND SALVAGE CO., INC Address: 1240 PATTERSON, NOLA. Telephone Number: 504 450 3225	10. Master or Person in Charge Name: CAPT. GAWAIN M SCHOUEST Address: 3520 HERO DR. GRETN, LA 70053 Telephone Number:		
SECTION II—INCIDENT INFORMATION			
11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse)			
<input type="checkbox"/> a. Death (Append to Form CG-2692) <input type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692) <input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692) <input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)		<input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692) <input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters <input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters <input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment	
12. Date of Incident 10 FEB., 2007	13. Time (local) of Incident 7:30 A.M.	14. Location of Incident (Latitude and Longitude or River and Milepost) I-10 BRIDGE AND MISSISSIPPI RIVER, BATON ROUGE, MILE 229	
SECTION III—PERSONNEL / TESTING INFORMATION			
15. Personnel Directly Involved in Serious Marine Incident		16. Drug and Alcohol Testing (See Instructions on reverse)	
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification (Check Appropriate Box(es)) USCG USCG License MMD Neither	16a. Drug Test Urine Specimen provided within 32 hours? YES NO	16b. Alcohol Test Specimen provided within 2 hours? YES NO
B. GAWAIN M. CHOUEST	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
DAMIEN BONAVALLION	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
ROBERT MINTON (z-card expired)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Larry Sanders	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: GLOBAL SAFETY Address: Telephone Number:		18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: GLOBAL SAFETY Address: Telephone Number:	
19. Person Making This Report (Please Print) Name: David M. Flotte, Preis & Roy Address: 601 Poydras Street, Suite 1700 New Orleans, LA 70130 Telephone Number: 504 581 6062		20. Signature  Title: Attorney for Crescent Towing	21. Date 2/12/07
22. Remarks (See Instructions on Reverse) Test results indicated above are for saliva test per ALCO-DOT. Strip test lot # 618141 - 2007-07. Lab results from Global Safety not yet received.			

SN 7530-01-GF3-2380